

## **BATH AND NORTH EAST SOMERSET**

### **WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 19th September, 2014

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Sharon Ball, Sarah Bevan, Anthony Clarke, Kate Simmons, Neil Butters and Eleanor Jackson

#### **32 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **33 EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

#### **34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

#### **35 DECLARATIONS OF INTEREST**

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Katie Hall declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Tony Clarke declared an “other” interest in agenda item ‘Royal National Hospital for Rheumatic Diseases NHS FT – Organisational update’ as a representative of the Council on the RNHRD Board.

#### **36 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

The Chairman informed the Panel that NHS England has just launched a 12 week public engagement on the draft service specifications for congenital heart disease.

The Chairman said that one of the options for the Panel to contribute towards Congenital Heart Disease review is via Joint Scrutiny Committee; or the Panel could wait until the potential local impact is known from engagement exercise.

The following was **RESOLVED**:

If the Panel would contribute towards the Joint Scrutiny Committee, then the following members would represent B&NES at the Joint Scrutiny Committee – Councillors Pritchard, Hall and Jackson.

**37 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

There were none.

**38 MINUTES**

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

**39 CABINET MEMBER UPDATE**

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update (attached to these minutes) to the Panel.

Councillor Allen added to an update that the Better Care Fund had been submitted this morning and that funding allocated to the Council for the Care Act implementation would not be enough. Local Members of the Parliament had been on the case of getting adequate funding for the Council.

The Chairman commented that 33 people identified as rough sleepers was a considerable number of people and asked what had been done to compensate in terms of measures for helping reducing the number of rough sleepers.

Councillor Allen responded that some measures had been put in place by previous administration. The Council also continued to work with partners in terms of delivery of homelessness services. The Council had adopted Homelessness Strategy as one of the key documents to tackle this issue.

Councillor Allen also said that the numbers of rough sleepers had been more accurate than before due to more accurate way in which the count had been conducted.

Councillor Jackson asked about sofa surfers and asked if 'bedroom tax' had an impact on amount of homelessness.

Councillor Allen responded he would provide more information on this matter at the next meeting. Sofa surfing had been seen as invisible homelessness and could be an issue.

Councillor Hall asked what would be predicted shortfall as a result of Care Act implementation.

Jane Shayler (Deputy Director: Adult Care, Health and Housing Strategy and Commissioning) responded that modelling of the likely additional financial burdens of

the Care Act is currently predicting a shortfall in the region of £1m when taking into account the relatively small amount specifically identified by the Government in the Better Care Fund. A briefing on the implications is being used to raise awareness, including for all Councillors, of the issues for Bath and North East Somerset and, also to inform future years financial planning.

Councillor Bevan asked if the next count of rough sleepers, which was scheduled for November, could give false estimate on how many people were sleeping rough as they might be somewhere where is warmer.

Councillor Allen explains that this count would be more accurate for a count for winter provision for rough sleepers.

The Chairman commented that the Panel would need to get a further feedback from Councillor Allen on rough sleepers at the next Panel meeting.

The Panel agreed with this suggestion.

#### **40 CLINICAL COMMISSIONING GROUP UPDATE**

The Chairman invited Dr Ian Orpen (CCG) to give an update (attached to these minutes) to the Panel.

Councillor Hall pointed out that new continence service was due to start on the 1<sup>st</sup> October and asked for an assurance that the service would assess, diagnose and treat people with continence problems and provide ongoing support to people with long term incontinence so that they can lead as fulfilling, and independent lives as possible. And also that the service would provide post-operative support to patients who have had continence surgery, including patients who require support with intermittent self-catheterisation.

Councillor Bevan commented that people should be explained about Antibiotic Guardians and what would happen when they signed the pledge.

Councillor Clarke welcomed an update on the treatment of military veterans.

Councillor Jackson commented that the first CCG's Annual General Meeting on the 11th September in the Pump Room in Bath was good though the room was not big enough to accommodate even more public.

Councillor Butters welcomed the Antibiotic Guardians pledge and suggested that leaflets with information on the pledge could be left at GP surgeries for info.

The Chairman thanked Dr Orpen for an update.

#### **41 HEALTHWATCH UPDATE**

The Chairman invited Ann Harding (Healtwatch) to introduce the report.

The Chairman expressed his concern that the Care Quality Commission (CQC) did not respond to serious concerns raised by a member of staff, who works in a supported living site for people with learning disabilities, about welfare of people at that site (pg 17, second paragraph).

The Chairman said that he would write to the CQC, on behalf of the Panel, expressing his concerns as above.

## **42 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS FT - ORGANISATIONAL UPDATE (30 MINUTES)**

The Chairman invited Kirsty Matthews (Chief Executive of the Royal National Hospital for Rheumatic Diseases) and James Scott (Chief Executive of the RUH Bath) to give a presentation.

The following points had been highlighted in the presentation:

- RNHRD financial context (the RNHRD is one of the smallest Foundation Trusts in the country)
- Why is the RNHRD in this position?
- What does this mean for the RNHRD?
- RUH - Overarching principles for acquisition
- The benefits of the proposed acquisition
- Working together to deliver acquisition
- Acquisition programme governance
- Understanding the RNHRD's services
- Next steps

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

The Chairman expressed his concerns on the CQC report where one elevated risk, which related to staff turnover rate being higher than expected when compared to national date, had remained rated red. The Chairman felt that this was not justified considering current financial position of the RNHRD.

The Chairman informed the Panel that he would write to the CQC expressing his concerns as above.

James Scott informed the Panel that, although the RUH's intent has been to go ahead with acquisition, there were still four points to be considered:

- The RUH would have to be licensed as an NHS Foundation Trust to go ahead with the acquisition of the RNHRD;
- The RUH had been negotiating with the Department of Health on help around clearing the debt position picked up from the RNHRD;
- The Councils of Governors, and the Boards, from both hospitals would have to agree with the acquisition; and
- May 2015 Elections.

James Scott added that a lot of planning and preparation had happened.

Kirsty Matthews added that the staff and media had been informed on what had been happening so far, and that the RNHRD had been delivering day to day operations despite financial troubles they had.

Councillor Clarke commented that if all goes well in terms of the acquisition then there would be potentially very little change in provision of clinical services. However, if there would be significant changes of services then the RNHRD should consult with this Panel on change of services.

It was **RESOLVED** to note the report and presentation and to request a further update from Kirsty Matthews and James Scott for November 2014 meeting.

#### **43 UPDATE ON - NHS 111 SERVICE (20 MINUTES)**

The Chairman invited Cathryn Phillips (CCG Commissioning Project Officer) to introduce the report.

The Panel welcomed the report. Members of the Panel felt that NHS 111 service had improved significantly since challenging start in February 2013 and, after the development of a rectification plan, full service commencement in October 2013.

The Panel acknowledged that the NHS 111 service had continued to experience challenges around recruitment and retention of call handlers and Clinical Advisers which contributed to:

- Delays in call handling
- Higher than necessary ambulance dispatch rate
- Delays in warm transfer (i.e. directly from the original call handler to a clinical advisor) and call back.

Cathryn Phillips explained that Commissioners and Care UK had recognised the importance of having experienced and skilled staff to be able to address many of these issues. Staffing levels needed to be more accurately matched to call volume forecasting to ensure that the Key Performance Measures set within the contract had been met at all times.

Members of the Panel appreciated that, at the beginning of this year, Care UK made a decision to change staff shift patterns to better match with demand.

The Panel asked if lessons had been learned since challenging start in February 2013.

Cathryn Philips and Care UK representatives acknowledged that the start of the NHS 111 Service had not been as successful as expected, however, the CCG had been receiving daily progress reports against the targets and Appendix 2 of the report shows performance for the period April – August 2014. The graphs demonstrated many of the difficulties the service has experienced over the last five months, although evident improvements in August. These would continue to be monitored for sustained and continued improvement in performance.

The Chairman asked about handling of 14 complaints (out of 62,515 calls).

Cathryn Phillips responded that Care UK had been investigating complaints and incidents and reported the same through the monthly quality reports and discussion at the clinical governance group.

The Panel said that the service was now in much better shape than it was a year, or 18 months, ago and congratulated the CCG and Care UK on the current performance of the NHS 111 Service.

It was **RESOLVED** to note the report and receive another update on the NHS 111 Services in 6 months' time.

#### **44 UPDATE ON - NON EMERGENCY PATIENT TRANSPORT SERVICE (30 MINUTES)**

The Chairman invited Dominic Morgan (CCG) and representatives from Arriva Transport Solutions Ltd to introduce the report.

The Chairman welcomed the report by saying that he appreciated how CCG, and also Arriva, had recognised that there were still some problems to overcome, and there was still some work to be done.

Dominic Morgan agreed with the Chairman and added that some issues around the process, resources, contracts, etc. should be resolved in the next few months.

Councillor Jackson presented concerns from one of the dialysis patients, especially concerns in terms of booking a pick up time.

Dominic Morgan and Arriva representatives took on board comments from Councillor Jackson and assured that they would investigate what had happened and come back with a response to Councillor Jackson outside the meeting.

Dominic Morgan added that Arriva had invested a lot of their resources into dialysis group of patients, especially in pick up time.

The Chairman, on behalf of the Panel, congratulated Arriva and the CCG on this report, and on present results. The Chairman asked for another 6-monthly update.

It was **RESOLVED** to note the report and to receive another update in 6 months' time.

#### **45 THE NEW PUBLIC HEALTH SYSTEM (30 MINUTES)**

The Chairman invited Bruce Laurence (Director of Public Health) and Ulrike Harrower (Public Health England) to give a presentation.

The following points had been highlighted in the presentation:

- The main areas of public health work
- The players in the system

- The roles
- How it fits together and some examples

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

The Chairman commented that changes in provision of health services should be communicated to the public to gain their confidence in the new system.

Bruce Laurence responded that communication with the public has been a key in terms of transparency. The Public Health team had been actively working with the Communications and Marketing team in terms of informing the public on what had been happening.

Councillor Hall asked what the Council could do to promote health and wellbeing agenda to wider population.

Bruce Laurence responded that the Council had approved Fit For Life strategy. The other aspect would be in creating an environment which would be easier for people to improve their health, with as realistic as possible approach in mind.

Ulrike Harrower added how helpful it would be in taking everyone on the board.

Members of the Panel asked about Ebola threat and how prepared we were.

Bruce Laurence responded that Ebola had been transmitted by contact and it had not been perceived as direct health threat in this country.

The Chairman suggested that Public Health, or Health and Wellbeing, approval should be included in every report.

It was **RESOLVED** to note the report and presentation and for Democratic Services Officer to pass on Panel's wishes, to senior Council officers, to promote Public Health in all Council decisions.

#### **46 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT FOR 2013-14 (20 MINUTES)**

The Chairman invited Lesley Hutchinson (Assistant Director, Safeguarding and Personalisation) to introduce the report.

The Panel congratulated Lesley Hutchinson and her team for an excellent report. The Panel also praised joint working between Lesley's team and Licensing.

It was **RESOLVED** to note the Local Safeguarding Adults Board Annual Report for 2013-14.

#### **47 PANEL WORKPLAN**

It was **RESOLVED** to note the workplan subject to the following additions:

- Royal National Hospital for Rheumatic Diseases NHS FT update – November 2014
- NHS 111 update – March 2015
- Non-Emergency Patient Transport Services – March 2015
- Community Transport – date to be confirmed
- Loneliness and Isolation – date to be confirmed
- Mental Health update – date to be confirmed
- Care Act implications – November 2014

The meeting ended at 1.45 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**



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**Cllr Simon Allen, Cabinet Member for WellBeing  
Key Issues Briefing Note**

**Wellbeing Policy Development & Scrutiny Panel – September 2014**

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**Winterbourne View Update – Improving Lives Reviews**

As an action from the Winterbourne View Concordat of Action, which is overseen by a national Joint Improvement Programme, the Improving Lives team was commissioned to undertake reviews of the ex-patients of Winterbourne View plus a number of other cases of concern. A total of 44 reviews were undertaken by the Improving Lives Team. These reviews were completed during the spring/summer of 2014, and included two people funded by Bath and North East Somerset.

The three primary themes of the review were to look at:

- 1) Are people safe now?
  - 2) What do people think of their current support?
  - 3) What are the plans for the future?
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Members of the Improving Lives Team visited Bath and North East Somerset and met with the individuals concerned, their advocate and members of staff. A report was then compiled detailing their findings and conclusions.

I am pleased to feedback that the two reviews completed for people supported by Bath and North East Somerset were excellent, with recognition of the very positive support that both people receive from their support staff, the life that each person is now building in their own community and the optimism for a successful future. To quote the Improving Lives lead – *“all professionals involved in the individuals care need to be praised for supporting this person to lead such an independent life”*.

**Update on Rough Sleepers**

(from the Cabinet Member for Wellbeing and the Cabinet Member for Homes & Planning)

In November 2013, a snapshot estimate conducted across various services and access points in Bath & North East Somerset found 33 people known to be sleeping rough. This was an increase on the previous year findings of 22 which was conducted in accordance with different guidance and is not, therefore, directly comparable. Since then a number of actions have been put in place and anecdotally we understand that the number of rough sleepers has decreased. However, a formal snapshot estimate is planned for late November which will confirm the numbers.

A report on homelessness, including rough sleeping, is being presented to the Housing & Major Projects Policy & Development Panel. Initially scheduled for the November meeting, this has now been rescheduled for the 20<sup>th</sup> January meeting. This is to allow the results of the Rough Sleeper Estimate to be included in the H&MP update report.

Members of the Wellbeing Panel are invited to view the report when published, or attend the meeting.

**CCG Briefing**  
**Well-Being Policy Development & Scrutiny Panel Meeting**  
**19<sup>th</sup> September 2014**

**Armed Forces Commissioning**

At a previous meeting, members of the panel asked for an update on the treatment of military veterans.

Under long-standing arrangements, war pensioners in England, Scotland and Wales have been given priority NHS treatment for the conditions for which they receive a war pension, subject to clinical need. This provision has now been extended to all veterans where a person has a health problem as result of their military service.

**How the process works**

When referring a patient who they know to be a Veteran for secondary (more specialist) care, GPs have now been asked to consider if, in their clinical opinion, the condition may be related to the patient's military service. Where this is the case, and with the patient's agreement, it should be made clear in the referral.

Where secondary care clinicians agree that a veteran's condition is likely to be Service-related, they have been asked to prioritise veterans over other patients with the same level of clinical need. Veterans will not be given priority over other patients with more urgent clinical needs. It is for the clinician in charge to determine whether a condition is related to Service and to allocate priority.

**Five Year Strategy on Armed Forces Commissioning**

The Armed Forces Health Commissioning is led by NHS England and the Bath, Gloucestershire, Swindon and Wiltshire (B,G,S&W) Area Team. They have recently produced the final draft of a five year strategy. A copy of this strategy has been shared with the CCG and is available on request.

Armed Forces health commissioners have entered into formal contracting arrangements with a total of 48 secondary care providers across England for 2014/15

**New CCG GP Appointed**

The CCG is delighted to announce the appointment of Dr Daisy Curling to the vacant Sessional GP Board Member position. The appointment process included an interview which confirmed Dr Curling had the appropriate skills and experience. Her appointment was then confirmed by a GP vote, as required by the CCG Constitution, with 100% support.

### **Operational Resilience and Capacity Planning Update**

The newly created System Resilience Group (SRG), as mandated by NHS England has expanded the previous role, remit and responsibilities of the Urgent Care Working Group (UCWG). SRGs now work across whole care communities and are responsible for Planned and Unplanned Care and delivery of associated national targets.

All SRGs have been directed through the new national Operational Resilience & Capacity Planning (ORCP) process to create robust evidence-based capacity plans following an Independent Analytical Review (IAR) to ensure the whole care system can deliver uninterrupted and high standards of care throughout 2014/15. To support this work, additional non recurrent monies have been allocated to SRGs and this equates to £1.135M for BaNES.

BaNES have worked with all providers to agree and fund additional resilience and capacity for 2014/15 and to provide assurance to the national resilience team. All systems have been experiencing high levels of demand so far within 2014 and BaNES is no exception to this trend.

BaNES SRG has agreed to support provider requests which appropriately reduce demand and conveyance to the RUH; increase access and capacity to meet the current and predicted high winter demand for services; and support the flow of patients through the local care system.

BaNES is re-enforcing our strategic and operational management of the local care community through the continued use of our Operational Performance Management Framework (OPMF), successfully introduced during 2013/14. We currently seeking assurance for our planned approach via NHSE and will be making the ORCP arrangements available for the public.

### **Your Health, Your Voice - Further Meeting**

The CCG's patient and public engagement group met on the 4<sup>th</sup> September in Radstock. 'Your health, Your Voice' has just under 50 members with a mix of core members and individuals who want to be kept informed about the work of the CCG. The agenda included an introduction to commissioning, presentations and discussion regarding mental health inpatient beds and the primary care challenge fund. Those who attended found the meeting useful and informative.

### **CCG's 1<sup>st</sup> AGM held**

The CCG held its first Annual General Meeting on the 11<sup>th</sup> September in the Pump Room in Bath. Tracey Cox, Acting Accountable Officer and Sarah James, Chief Financial Officer presented the Annual Report and Accounts and there were a number of presentations to give a flavour of the work of the CCG during its first year of operation. These included a presentation about the Dementia Workers Service from Ruth Grabham, Medical Director and Laura Marsh, Senior Commissioning Manager; a presentation about Antibiotic Prescribing by Elizabeth Beech, Prescribing Advisor; and a presentation about the new Urgent Care Centre by

Elizabeth Hersch, GP Board Member, Catherine Phillips, Senior Commissioning Manager and Heather Maughan, Bath and North East Somerset Doctors Urgent Care.

**New continence service due to start on 1 October**

The Community Continence Service will be provided from Sirona Care and Health CIC in partnership with the RUH from 1<sup>st</sup> October 2014. The service will assess, diagnose and treat people with continence problems and provide ongoing support to people with long term incontinence so that they can lead as fulfilling, and independent lives as possible. It will also provide post-operative support to patients who have had continence surgery, including patients who require support with intermittent self-catheterisation.

**Antibiotic Guardians**

Antibiotic resistance is one of the biggest threats facing us today. Without effective antibiotics many routine treatments will become increasingly dangerous. Setting broken bones, basic operations, even chemotherapy all rely on access to antibiotics that work. To slow resistance we need to cut the use of unnecessary antibiotics. **November 18th** is European Antibiotic Awareness Day. As part of that we're asking everyone in B&NES to become Antibiotic Guardians. Please take 2 minutes to make your pledge by visiting the website: <http://antibioticguardian.com/>.

For further information please contact Elizabeth Beech- Prescribing Advisor NHS Bath and North East Somerset CCG via [BSCCG.information@nhs.net](mailto:BSCCG.information@nhs.net).

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